

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043422

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206

Primary Registration District No. 3048

Registrar's No. 112

FILED DEC 1 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Madison</u> | b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fredericktown</u> | a. STATE <u>Mo.</u> | b. COUNTY <u>Scott</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Madison Co Hospital</u> | | c. CITY OR TOWN <u>Sikeston</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. STREET ADDRESS <u>402 Daniel</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | |
| First Middle Last <u>Robert Lee Mc Dowell</u> | | Month Day Year <u>Dec. 2 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 29 1932</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u> | 11. BIRTHPLACE (City and state or country) <u>Moorehouse Mo.</u> |
| 13a. FATHER'S NAME <u>Walter McDowell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruby Burns</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1950-1952</u> | | 17. INFORMANT <u>Bill McDowell 209 N Handy Sikeston Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>Gunshot wound in left side of abdomen</u> | | <u>2 hrs</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Gun fell from stump while hunting firing</u> | |
| 20c. TIME OF INJURY Hour a.m. <u>9:30</u> PM Month, Day, Year <u>12-2-62</u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>woods</u> | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <u>Madison Co. Missouri</u> | | |
| 21. I attended the deceased from _____, to _____, and last saw her alive on _____ | | 22a. SIGNATURE (Degree or title) <u>Ray Wilson Colonel</u> | |
| 22b. ADDRESS <u>Fredericktown Missouri</u> | | 22c. DATE SIGNED <u>12-3-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>12-2-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill</u> | 23d. LOCATION (City, town, or county) (State) <u>Stoddard Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Nunnelee Sikeston Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-2-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Marlene Ricks</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0621
2 1007-
3
4 0
5 1
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7 0
8 2
9 99198
10 43
11 062
12 1-3
13 1-0

DEC 13 1962
JAN 15 1963

APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B Wilson

Licensed Embalmer No. 4884

P. O. Address Fredenshtun Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.